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DHS 8022 A (11/84) (EPA 8700-22)

Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **UNIFORM HAZARDOUS** 1. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas Document No. is not required by Federal **WASTE MANIFEST** AD-0-8-6510005 Generator's Name and Mailing Address A.State Manifest Document Number Douglas Aircraft Co. 84924391 190th & Normandie B.State Generator's ID Generator's Phone (533-6577 Torrance, CA 90502 5. Transporter 1 Company Name 6 US EPA ID Number C.State Transporter's ID D 0 5 8 0 1 3 6 7 D.Transporter's Phone <u>J. C. Liquid Waste Disposal</u> -268-3137 Transporter 2 Company Name US EPA ID Number E.State Transporter's ID F.Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID Triple J 3650 E. 26th St. H.Facility's Phone Vernon, CA <u>| CATOSOO3368</u> 12.Containers 13. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Unit Waste No. No. Wt/Vo Hazardous Waste Liquid NOS ORM-E NA9189 100 TT 05000 6 221 b. 0 d. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above Alkaline Soap 5% Grease 011 Water 90% 15. Special Handling Instructions and Additional Information Gu1de #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected at Trible J - Return to DAC 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year Donald C. Gerber 0.713018 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year KINDKIGUEZ 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Date Printed/Typed Name Signature Month Day Year YELLOW TSDF SENDS THIS COPY TO GENERATOR

84 89641

STEAM SLAB

C6-700-86-JCB-0268

2172 Department of Health Services
Toxic Substances Control Division
6471 Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST C A D O 8 6	JS EPA ID No. M	lanifest ument No	2. Pa	ge 1 Inform	ation in the	ne shaded are		
Generator's Name and Mailing Address Douglas / 190th & M Generator's Phone (533-6677 Torrance)	as Aircraft Co. A Normandie nce, CA 90502				Documen 91	cument Number		
5. Transporter 1 Company Name 6. J. C. Liquid Waste Disposal 7. Transporter 2 Company Name 8.	US EPA ID Num A D 0: 5:8:0 1 3 US EPA ID Num	6 7	D.Trar	e Transporte nsporter's Ph e Transporte	one r's ID ²¹	<u> </u>		
9. Designated Facility Name and Site Address 10 Triple J 3650 E. 26th St. Vernon, CA	. US EPA ID Num		G.Stat	sporter's Ph e Facility's li llity's Phone				
11. US DOT Description (Including Proper Shipping Name, Haz	ard Class, and ID Number)	12.Cont	ainers Type	13. Total Quantity	14. Unit Wt/Vol	l. Waste No		
a. Hazardous Waste Liquid NOS ORM-E NA	9189	001	77	05000	G	221		
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Off 3% Water 90% 5. Special Handling Instructions and Additional Informati Use gloves, goggles, respirator - Do If rejected at Triple J - Return to D	Guide #31 not go near open AC							
 GENERATOR'S CERTIFICATION: I hereby declare that the co above by proper shipping name and are classified, packed, n for transport by highway according to applicable internat 					bed ion			
Printed/Typed Name Donald C. Gerber	Signature	//// /////	\mathcal{H}	\mathcal{U}	Mo	Date Onth Day Y		
Transporter 1 Acknowledgement of Receipt of Materia Printed/Typed Name	ls Signature	Maria Land	1	4,000	10	Date		
Transporter 2 Acknowledgement of Receipt of Material	(Mary 18 19 18	and the second second	Later Comme	IVIC	onth Day Y		
Printed/Typed Name	Signature		- 1	-_	Mo	Date onth Day Ye		
Discrepancy Indication Space						· ·		
Facility Owner or Operator: Certification of receipt of hazard Item 19.	dous materials covered by	this man	ifest exc	cept as noted	in			
Printed/Typed Name	Signature					Date		
					IVIO	nth Day Ye		